

Case Number:	CM15-0014376		
Date Assigned:	02/02/2015	Date of Injury:	07/01/2005
Decision Date:	03/27/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old female who sustained an industrial injury on 07/01/05. She reports low back pain. Treatments to date include 2 lumbar surgeries in 2008. Diagnoses include lumbar degenerative joint /disc disease, lumbar neuritis/radiculitis, lumbar post laminectomy syndrome, chronic low back pain, and status post lumbar fusion and revision surgeries. In a progress noted dated 12/15/14 the treating provider reports tenderness, guarding, and spasm in the paravertebral region bilaterally. Range of motion was restricted due to pain and spasm. On 01/10/15, Utilization Review non-certified a MRI of the lumbar spine, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back MRI

Decision rationale: The patient presents with lower back pain. The current request is for MRI of the Lumbar Spine without dye. The treating physician states, "I am requesting an authorization for MRI, CT scan of lumbar spine and x-ray of the lumbar spine in AP, lateral, flexion, and extension views." (8B) The treating physician stated that the patient had an MRI in 2010 when the patient had her second surgery. (5B) The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has not documented any significant changes in the patient's symptoms and there are no red flags noted to indicate the medical necessity for a repeat MRI. The current request is not medically necessary and the recommendation is for denial.